

| FEE TRANSMITTAL<br>For FY 2004  |                  | Complete if Known   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
|---|------------------|---|-----------------------|------------------|------------------|--------------------|----------|-------|------|-------------------------------------|--|------|------|--|------------------|-----------------|---------|--|------------------------|-------|------|--|-------|-------|---------------------------------------|---|--------|--|-------|--|--|---------|-------|---|--|---------|---------|--|--|-------|-------|------------------|--|-------|-------|--|--|-------|-------|--------------------------|--|-------|------|----------------------------------|--|-------|------|---------------------|--|---------|-------|------------------------------------|--|-------|-------|-------------------------------|--|------|------|---|--|-------|-------|--|--|-------|-------|--|--|-------|-------|---|--|-------|-------|---------------------------|--|-------|-------|---|--|-------|-------|---|--|----------------------|--|--|--|---------------------|--|--|----------|----------------------------|--|--|--|---|--|--------------|---------|---|---|--------------------|--------|---|---|---------------------------|--|--|---|------------------|------------------|-----------------|------|-----|------------------------|------|------|-----------------------------------|-------|-------|---------------------------------------|------|------|--|------|-----|--|--|--|------------------------|--|--|----------|----------------------------------|--|--|--|------------------------|--|--|------|------------------------|--|--|------|------------------------|--|--|----------|--------------------------------|--|--|----------|---------------------|--|--|--|-----------------------------|--|--------------------------|--|---------------------------------|--|----------|--------|----------------|--|-----------|----------------|
| (submit an original and a duplicate for fee processing)   |                  | Application Number:   | 09/512 962            |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
|   |                  | Filing Date:  | February 25, 2000     |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
|   |                  | First Named Inventor:   | Thomas C. Terwilliger |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
|   |                  | Examiner Name:  | A. H. Marschel        |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
|   |                  | Group/Art Unit:   | 1631                  |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
|   |                  | Attorney Docket No.:  | S-91,732              |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| <b>METHOD OF PAYMENT</b>  |                  | <b>FEE CALCULATION (continued)</b>  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| <p>1. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to Deposit Account Number: 12-2150</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p>  |                  | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>\$130</td> <td>\$65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>\$50</td> <td>\$25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>\$2,520</td> <td>\$2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>\$110</td> <td>\$55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>\$420</td> <td>\$210</td> <td>Extension for reply within second month</td> <td>210.00</td> </tr> <tr> <td>\$950</td> <td>\$475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>\$1,480</td> <td>\$740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>\$2,010</td> <td>\$1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>\$330</td> <td>\$165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>\$330</td> <td>\$165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>\$290</td> <td>\$145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>\$110</td> <td>\$55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>\$110</td> <td>\$55</td> <td>Terminal Disclaimer</td> <td></td> </tr> <tr> <td>\$1,330</td> <td>\$665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>\$130</td> <td>\$130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>\$50</td> <td>\$50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>\$180</td> <td>\$180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>\$770</td> <td>\$385</td> <td>Filing a submission after final rejection (37 CFR 1.129 (a))</td> <td></td> </tr> <tr> <td>\$770</td> <td>\$385</td> <td>For each additional invention to be examined (37 CFR 1.129 (b))</td> <td></td> </tr> <tr> <td>\$100</td> <td>\$100</td> <td>Certificate of Correction</td> <td></td> </tr> <tr> <td>\$300</td> <td>\$300</td> <td>Publication fee for early, voluntary, or normal publication</td> <td></td> </tr> <tr> <td>\$770</td> <td>\$385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td colspan="2">Other fee (specify):</td> <td></td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (1)</b></td> <td></td> <td>\$000.00</td> </tr> <tr> <td colspan="2"><b>2. EXTRA CLAIM FEES</b></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20** =</th> <th>X</th> <th>=</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>-3** =</td> <td>X</td> <td>=</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td>=</td> </tr> </tbody> </table> <p>** or number previously paid, if greater. 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SUBTOTAL (3)</b></td> <td></td> <td>\$210.00</td> </tr> <tr> <td colspan="2">Reduces by Basic Filing Fee Paid</td> <td></td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL FROM 1</b></td> <td></td> <td>\$0-</td> </tr> <tr> <td colspan="2"><b>SUBTOTAL FROM 2</b></td> <td></td> <td>\$0-</td> </tr> <tr> <td colspan="2"><b>SUBTOTAL FROM 3</b></td> <td></td> <td>\$210.00</td> </tr> <tr> <td colspan="2"><b>TOTAL AMOUNT OF PAYMENT</b></td> <td></td> <td>\$210.00</td> </tr> <tr> <td colspan="4"><b>SUBMITTED BY</b></td> </tr> <tr> <td colspan="2">Printed Name: Ray G. Wilson</td> <td colspan="2">Complete (if applicable)</td> </tr> <tr> <td colspan="2">Signature: <i>Ray G. Wilson</i></td> <td>Reg. No.</td> <td>28,351</td> </tr> <tr> <td colspan="2">Date: 10/09/03</td> <td>Telephone</td> <td>(505) 665-3112</td> </tr> </tbody> </table> |                       | Large Entity Fee | Small Entity Fee | Fee Description    | Fee Paid | \$130 | \$65 | Surcharge - late filing fee or oath |  | \$50 | \$25 | Surcharge - late provisional filing fee or cover sheet |                  | \$2,520         | \$2,520 | For filing a request for reexamination |                        | \$110 | \$55 | Extension for reply within first month |       | \$420 | \$210                                 | Extension for reply within second month | 210.00 | \$950  | \$475 | Extension for reply within third month |  | \$1,480 | \$740 | Extension for reply within fourth month |  | \$2,010 | \$1,005 | Extension for reply within fifth month |  | \$330 | \$165 | Notice of Appeal |  | \$330 | \$165 | Filing a brief in support of an appeal |  | \$290 | \$145 | Request for oral hearing |  | \$110 | \$55 | Petition to revive - unavoidable |  | \$110 | \$55 | Terminal Disclaimer |  | \$1,330 | \$665 | Petition to revive - unintentional |  | \$130 | \$130 | Petitions to the Commissioner |  | \$50 | \$50 | Petitions related to provisional applications |  | \$180 | \$180 | Submission of Information Disclosure Statement |  | \$770 | \$385 | Filing a submission after final rejection (37 CFR 1.129 (a)) |  | \$770 | \$385 | For each additional invention to be examined (37 CFR 1.129 (b)) |  | \$100 | \$100 | Certificate of Correction |  | \$300 | \$300 | Publication fee for early, voluntary, or normal publication |  | \$770 | \$385 | Request for Continued Examination (RCE) |  | Other fee (specify): |  |  |  | <b>SUBTOTAL (1)</b> |  |  | \$000.00 | <b>2. 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| Large Entity Fee  | Small Entity Fee | Fee Description   | Fee Paid              |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$130   | \$65             | Surcharge - late filing fee or oath   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$50  | \$25             | Surcharge - late provisional filing fee or cover sheet  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$2,520   | \$2,520          | For filing a request for reexamination  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$110   | \$55             | Extension for reply within first month  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$420   | \$210            | Extension for reply within second month   | 210.00                |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$950   | \$475            | Extension for reply within third month  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$1,480   | \$740            | Extension for reply within fourth month   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$2,010   | \$1,005          | Extension for reply within fifth month  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$330   | \$165            | Notice of Appeal  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$330   | \$165            | Filing a brief in support of an appeal  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$290   | \$145            | Request for oral hearing  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$110   | \$55             | Petition to revive - unavoidable  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$110   | \$55             | Terminal Disclaimer   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$1,330   | \$665            | Petition to revive - unintentional  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$130   | \$130            | Petitions to the Commissioner   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$50  | \$50             | Petitions related to provisional applications   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$180   | \$180            | Submission of Information Disclosure Statement  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$770   | \$385            | Filing a submission after final rejection (37 CFR 1.129 (a))  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$770   | \$385            | For each additional invention to be examined (37 CFR 1.129 (b))   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$100   | \$100            | Certificate of Correction   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$300   | \$300            | Publication fee for early, voluntary, or normal publication   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$770   | \$385            | Request for Continued Examination (RCE)   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| Other fee (specify):  |                  |   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| <b>SUBTOTAL (1)</b>   |                  |   | \$000.00              |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| <b>2. EXTRA CLAIM FEES</b>  |                  |   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| <table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20** =</th> <th>X</th> <th>=</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>-3** =</td> <td>X</td> <td>=</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td>=</td> </tr> </tbody> </table> <p>** or number previously paid, if greater. For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>\$18</td> <td>\$9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>\$86</td> <td>\$43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>\$290</td> <td>\$145</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>\$86</td> <td>\$43</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>\$18</td> <td>\$9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> <p><b>SUBTOTAL (2)</b> \$0-</p> |                  | Total Claims  | -20** =               | X                | =                | Independent Claims | -3** =   | X     | =    | Multiple Dependent Claims           |  |      | =    | Large Entity Fee                                       | Small Entity Fee | Fee Description | \$18    | \$9                                    | Claims in excess of 20 | \$86  | \$43 | Independent claims in excess of 3      | \$290 | \$145 | Multiple dependent claim, if not paid | \$86                                    | \$43   | ** Reissue independent claims over original patent | \$18  | \$9                                    | ** Reissue claims in excess of 20 and over original patent |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| Total Claims  | -20** =          | X   | =                     |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| Independent Claims  | -3** =           | X   | =                     |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| Multiple Dependent Claims   |                  |   | =                     |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| Large Entity Fee  | Small Entity Fee | Fee Description   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$18  | \$9              | Claims in excess of 20  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$86  | \$43             | Independent claims in excess of 3   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$290   | \$145            | Multiple dependent claim, if not paid   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$86  | \$43             | ** Reissue independent claims over original patent  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| \$18  | \$9              | ** Reissue claims in excess of 20 and over original patent  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| <b>3. SUBTOTAL (3)</b>  |                  |   | \$210.00              |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| Reduces by Basic Filing Fee Paid  |                  |   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| <b>SUBTOTAL FROM 1</b>  |                  |   | \$0-                  |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| <b>SUBTOTAL FROM 2</b>  |                  |   | \$0-                  |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| <b>SUBTOTAL FROM 3</b>  |                  |   | \$210.00              |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |                  |   | \$210.00              |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| <b>SUBMITTED BY</b>   |                  |   |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| Printed Name: Ray G. Wilson   |                  | Complete (if applicable)  |                       |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| Signature: <i>Ray G. Wilson</i>   |                  | Reg. No.  | 28,351                |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |
| Date: 10/09/03  |                  | Telephone   | (505) 665-3112        |                  |                  |                    |          |       |      |                                     |  |      |      |  |                  |                 |         |  |                        |       |      |  |       |       |                                       |   |        |  |       |  |  |         |       |   |  |         |         |  |  |       |       |                  |  |       |       |  |  |       |       |                          |  |       |      |                                  |  |       |      |                     |  |         |       |                                    |  |       |       |                               |  |      |      |   |  |       |       |  |  |       |       |  |  |       |       |   |  |       |       |                           |  |       |       |   |  |       |       |   |  |                      |  |  |  |                     |  |  |          |                            |  |  |  |   |  |              |         |   |   |                    |        |   |   |                           |  |  |   |                  |                  |                 |      |     |                        |      |      |                                   |       |       |                                       |      |      |  |      |     |  |  |  |                        |  |  |          |                                  |  |  |  |                        |  |  |      |                        |  |  |      |                        |  |  |          |                                |  |  |          |                     |  |  |  |                             |  |                          |  |                                 |  |          |        |                |  |           |                |

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